

SCANDINAVIAN EXPERIENCES IN HEALTH AND SOCIAL SERVICES FOR OLDER PEOPLE *

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I SHALL try to give a general idea of the health and social services offered to older people in the three Scandinavian countries: Norway, Sweden, and Denmark. I must say, however, that most examples will probably refer to conditions in my own country, Norway. I might remind you that all three Scandinavian countries total less than 20 million people.

The average Scandinavian can expect to live a long life. Life expectancy for a Norwegian girl born in 1970 was 76.8 years; for a Swedish boy born at the same time it was 71.8 years. Norwegian people 70 years old can still look forward to another 10.8 and 12.8 years, respectively, for men and women. This life expectancy for the male is, however, half a year less than it was 10 years ago.

The three Scandinavian countries have a fairly similar population structure. In 1970, 12.9% of the Norwegian population was 65 years of age or more; the figures for Sweden and Denmark were 13.5% and 12.3%, respectively. There were, of course, more women than men in the older population; in Norway 56.4% were women, in Sweden 53.1%, and in Denmark 56.1%.

The expected population trend is a decisive factor in the planning of social measures to assist elderly people. I shall illustrate this trend by using an example from Norway, showing the population prognosis up to the year 2000 for the group of people aged 67 years or more.

In 1971 this group accounted for 11.2% of the total population. A

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conservative estimate from the National Bureau of Statistics predicts that their share in 1980 will be 12.1%; in 1990, 12.6%; and in 2000 their share will have declined to 10.9% of the total population, less than in 1970. In this group of older people, 20.3% were 80 years or more in 1971. This figure will rise to 22.3% in 1980, to 23.4% in 1990, and to 28% in 2000. Of these very old people, somewhat more than 60% were women in 1971 and an increase is expected in this figure up to the year 2000. As you can understand, this increase in the oldest group is important for our future planning.

The local authorities have the main responsibility for the care of the aged in Scandinavia. The rights of older people are stated in laws of social care and welfare. Sparsely populated and poorly developed areas in remote parts of Norway and Sweden have to face special problems in their effort to give satisfactory assistance to older people. The younger generations have moved into urbanized areas, leaving many municipalities to cope with a population which is expected to consist of about 25% older people by 1980.

All three countries have special government offices in their ministries of social affairs to deal with matters concerning older people. In Norway this office has been functioning as a separate unit for only a year and a half, but since 1964 a committee has been investigating the conditions for older people in Norway. This committee has published four reports, the first on domestic services, the second on institutions, the third on housing, and the fourth on health, activity, and welfare for older people.

As a direct result of a proposal submitted by this committee, Norway established, as the only country in Scandinavia, a National Council for the Care of the Aged in 1970. This council is meant to be a coordinating and advisory body, and the members represent ministries and local authorities, and research, humanitarian, and pensioners' organizations. The council is appointed by the government.

The humanitarian organizations have played a central role in the work to improve health and social conditions for older people, especially in Norway and Denmark. The present Norwegian Institute of Gerontology was established by one of these organizations in the early 1950s.

During the last few decades a new approach to the care of the aged has appeared. At one time local authorities were satisfied if they had

one or two institutions for older people in their district, regardless of the quality of these institutions. It is now generally accepted that a number of measures have to be considered in order to meet the needs of the elderly, that the work has to be carefully planned, and that many different resources have to be utilized in order to obtain satisfactory results.

Planning in all three countries is based on the principle that all persons shall have the opportunity to live independently in their own homes as long as possible. This principle is supported by studies showing that older people want to go on living in their own apartments or houses, in preference to other housing alternatives offered. Therefore, important social measures are domestic services and economic support to improve housing standards.

Special loans for the purpose of improving and modernizing older apartments and houses are granted in all three countries. Sweden has been a pioneer in this field. In the early 1960s the government began granting loans, totally or partly free of interest and repayments, either to personal borrowers or to municipalities.

In Norway the State Housing Bank has granted similar types of loans since 1969. Interest rates are 1% lower than on ordinary building loans, and there are no repayments to be made as long as the older person lives in the dwelling. Direct grants are also given. In Denmark the local authorities are responsible by law for giving necessary financial aid to secure satisfactory standards for older peoples' apartments and houses. Experience in Norway indicates that older people are reluctant to borrow money. When loans for modernizing were first made available in 1969, much less was borrowed than was expected. This was probably also attributable to the amount of red tape involved in applying for the loans. These procedures have now been simplified, and the loans are becoming more popular—so much so that this year the quota is expected to be fully used for the first time.

A number of special flats for older people have also been built during the postwar years, either in separate houses or as parts of ordinary apartment houses. Loans are granted for the building of such apartments on the same conditions as for ordinary apartments. In the rural parts of the countries apartments for older people are usually found in smaller houses, often built in connection with a residential home. In Sweden and Denmark collective housing projects have become

popular. In these houses, residents can take advantage of different kinds of services, usually available on the ground floor, such as canteens, hot-meal service, recreational activities, hairdressing, etc. The Danes have gone one step further and are now building so-called protected dwellings, meant for older people who need some help and care but not so much that they have to live in nursing homes.

All three countries have arrangements for subsidizing dwellings with high rents. Because of this, older people with low incomes can now afford to live in the newer and more expensive dwellings.

The Scandinavian countries have various national insurance schemes, covering health and pension insurance. The retirement age is 67. In Sweden and Denmark a person can take out his or her pension somewhat earlier, but the sum paid will then be lower. The retirement age was recently lowered in Norway from 70 to 67 years, following a long and heated discussion. A person can, however, have his or her pension deferred until the age of 70, when a higher amount will be received.

Everyone is entitled by law to a basic pension and, in addition, a supplementary wage-related pension. The latter is worked out as a percentage of the pensioner's average income in a certain number of his or her best income years. The size of the basic pension is supposed to be adjusted according to changes in the general level of prices. When the supplementary-pension scheme becomes fully effective, a person will receive an income from his old-age pension equivalent to 60 or 70% of the earnings of his best years. Many older persons receive additional income from other sources. A Danish study from the early 1960s showed that of the total income received by older persons only about 50% was accounted for by their pensions. Pensioners pay reduced charges for transportation, cinemas, and theaters, and they are granted financial support to buy radio, telephone, and technical appliances. Pensioners can also claim special tax deductions.

Domestic help is being provided in all three countries in order to enable elderly persons to live in their own homes as long as possible. Domestic workers assist with all kinds of housework and daily tasks: cleaning, washing, cooking, shopping, mending of clothes, personal hygiene, dressing and undressing, and similar services. These workers are paid by the municipality, which is responsible for providing and organizing this service. Services are provided free or at very low price, according to the economic situation of the older person. Sweden has

also pioneered in this field, and in 1970 26% of its older population received help in their own homes at one time or another. The corresponding figure for Norway was 11% in 1971, and more recent figures from Denmark show that 15% received domestic help in 1972; an additional 10% of the older population is estimated to need such services.

Home nursing is an important way to help older people stay out of institutions, where space is already at a premium. It also enables the older person to continue living in his or her home without dependence on friends or family for daily care. In all three countries home nursing is provided free. In Norway each municipality has a head nurse who is responsible for organizing home nursing. Since January 1972, 75% of these expenses have been reimbursed by the national government under the health insurance scheme—the same refund that applies to nursing care in institutions. Before 1972 a smaller amount of the expenses were refunded. This meant that only the richer municipalities could afford to develop a satisfactory system of home nursing. In Denmark a similar 75% government reimbursement was recommended in an official report made in 1972.

Health and welfare centers offer a comprehensive system of services to older persons living in urban areas. The services include baths, podiatry, hairdressing, hot-meal service, club rooms, recreational activities, home visits, and guidance by trained social workers. These centers also offer good opportunities for social contacts between older people who might otherwise have remained isolated in their apartments and houses.

Podiatry, as a means of increasing physical and mental well-being and increasing mobility, is gaining in popularity among older persons in Scandinavia. In a recently published study from one of the larger municipalities in Sweden, podiatry was listed as first among the services wanted by the elderly; domestic help was second.

Older persons who also need some medical care during the day can be admitted into day hospitals, of which there are not many as yet. They get transportation from their own home in the morning and back again at night.

Denmark was probably the first country in the world to build special "folk high schools" for pensioners. Courses extend over one or two weeks and cover a wide range of topics. The idea has also

been taken up in Norway and Sweden. Various organizations there offer educational courses for elderly persons, mainly in the larger municipalities. Physical exercise and group gymnastics are also arranged; such activities are gaining in popularity.

Many older persons want to continue working after the age of 67, but they may want to change to less strenuous work or part-time work. Some public institutions and private companies offer suitable work for older employees, but there is still much to be done in this area. People often are not prepared for the changed conditions and problems they are likely to meet when they retire. These problems are being discussed in courses arranged in Norway by a standing committee established for the purpose of preparing people who still have some years to work before retirement.

Building and running old people's homes is a municipal responsibility in the Scandinavian countries. In Denmark such homes are not being built any longer; they concentrate on building protected dwellings, as mentioned above. This is much the same as a modern residential home in Norway or Sweden, a place to live for older persons who need some help and care. Residents in such homes have their own living units, furnished with their own furniture, and complete with toilet and cooking facilities. They can, therefore, choose to live more or less independently, take part in those activities they want to join, and take advantage of those services they need. About 10% of the older population in Norway is estimated to need institutional care, and 3% of these will probably benefit most from living in a residential home.

The older persons pay for their residence with a specific portion of their monthly pensions. They can keep about 25% for their own use, as well as part of any additional income. The municipality covers the rest of the expenses. Similar rules are used in Sweden and Denmark.

The building of nursing homes has been given high priority in all three countries. There is at present a grave shortage of nursing beds and, as the number of very old people is expected to increase, this shortage will probably last for many years.

Studies indicate that the average patient spends somewhat more than three years in a Scandinavian nursing home. New homes are therefore designed to offer a maximum of comfort and welfare for the patients. A high number of single rooms are being built, and patients are allowed to bring their own furniture. Unless absolutely necessary, ordinary

hospital settings are avoided in order to create a more home-like atmosphere.

Norwegian nursing homes are planned and run in accordance with comprehensive health plans developed for each county. The municipalities usually have responsibility for the actual building of nursing homes. Health insurance covers 75% of operating costs; the rest is covered by the municipality. However, patients with income above the basic rate of pension will have to pay all or a part of the amount contributed by the municipality. Ordinary hospital care is provided free. For medical care the pensioners, as well as everybody else, pay a small part of the fee.

Lack of qualified personnel is one of the major obstacles to carrying out a modern and satisfactory system of care for the aged. Many workers in this field have no formal education in this area at all, and attitudes toward the problems of old age are often out of date. Educational questions will, therefore, receive much attention in the future.

I have given you an idea of what the Scandinavian countries have to offer in the way of health and social services for older people. The problems of older persons are receiving more and more attention, and there seems to be a growing understanding of the importance of these problems and the will to solve them. Whether our experience can be of any help to others is not for me to say. But I *can* say this: there is still work and research to be done and there are still new experiences to be gained.